

The importance of a strategic and collaborative approach to the implementation of the T-level agenda in the health and care sector: a case study

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EXECUTIVE SUMMARY

The NHS is facing unprecedented times in relation to workforce supply. In 2019 the King's Fund, the Nuffield Trust and the Health Foundation jointly published a briefing paper highlighting the scale of the workforce challenges facing health services and the threat this poses to the delivery and quality of care in the next 10 years.¹ Workforce shortages are thought to be an even greater threat to the provision of health and care services than the funding challenges facing the healthcare sector. Traditional routes into health and care are not meeting workforce demand, therefore it is essential to take a broader approach using a range of career pathways and to include a wide range of qualifications at all levels.

T-levels are new courses, which are taken after GCSEs, and are equivalent in size, rigour and depth to three A-levels. These two-year courses launched in September 2020 and have been developed collaboratively by employers and education providers, with support from the Department for Education (DfE) and the Institute for Apprenticeships and Technical Education (IfATE), to ensure the content meets the needs of the industry and prepares students for work, further training or further study.

As of September 2022, T-levels are available in 16 subjects. Further T-level subjects are planned for introduction in subsequent years that will take the total to 24. As part of the phased roll-out for T-levels, early providers are required to have 'outstanding' or 'good' Ofsted grading. Other providers will be eligible to offer those T-levels that have already been introduced (including Health, Healthcare Science and Science) from September 2023. This ongoing expansion in subjects and providers will see the cohort of T-level students grow substantially in coming years.

T-level courses in Health, Healthcare Science and Science help raise awareness among young people of the occupational opportunities that exist within healthcare. They also help employers strengthen their engagement with local schools and colleges – all of which could help create a secure health workforce pipeline.

T-levels provide students with both classroom-based learning and on-the-job experience, delivered through an industry placement of at least 315 hours (about 45 days). They are designed to provide students with the skills, knowledge and behaviours needed for occupational roles. T-levels are being rolled-out gradually with plans for more than 20 different T-level qualifications, spanning 11 technical education routes, to be available by September 2023.

The industry placement provides opportunities for young people from all sections of society to access the workplace and kickstart their careers. They provide opportunities in terms of social mobility, diversity and widening participation. They provide opportunities for learners to move into the workplace, or to progress onto an apprenticeship or to take a more traditional university route.

¹ Nuffield Trust, The Health Foundation and The King's Fund (2019) [Closing the Gap: Key Areas for Action on the Health and Care Workforce](#)

A significant aspect of T-levels is the support the local workforce receives, which plays a long-term role in the retention of the NHS workforce. It is crucial that employers invest in young people in local communities and encourage their career aspirations and goals, as this can help them remain in the locality in the long term.

Taking on skilled T-level students is expected to boost productivity in the workplace. It addresses the national skills shortage in the health sector and at the same time learners receive a tailored industry placement and a relevant education. T-levels have the opportunity to become a serious and highly visible training route for young people wanting NHS and social care careers.

The potential benefits for the healthcare sector of operationalising T-levels within the workforce are to:

- address local and national skills gaps by helping young people develop the required employability skills
- build and sustain a more diverse and creative workforce
- improve and sustain recruitment pipelines
- play a key role in supporting local communities
- build and grow partnerships with local training and education providers
- save recruitment costs by creating the opportunity to see what local young people can offer while they are on placement.

Putting employers at the centre of the system ensures the future skills landscape meets the skills needs of employers and keeps pace with economic transformation. Industry placements give employers the benefit of shaping young people into the NHS and social care workforce of the future.

The House of Commons 2021 Spending Review confirmed the government will be investing in the technical education of young people.² The total spending on skills will increase by £3.8bn by 2024/25. Part of this total is a £1.6bn boost for 16 to 19 year olds' education aimed at helping them progress into work or further study – this includes providing extra hours of high-quality classroom learning for T-level students.

This will help to address the issue identified in 2019 by the Confederation of British Industry (CBI) that 44% of employers in England felt that young people leaving school, college or university were not 'work ready'. "These findings are echoed by young people themselves, with almost one in four young people not feeling adequately prepared by their education for the world of work."³

² HM Treasury (October 2021) [Autumn Budget and Spending Review 2021: a Stronger Economy for the British People](#) [4.13 p. 101]

³ The Confederation of British Industry (CBI) (2019) [Getting Young People 'Work Ready'](#)

In 2018/19 NHS Digital reported that only 3.2% of NHS staff were aged 25 or younger, this was less than the 3.6% recorded in 2015/16. – even though a 16 year old can work in a healthcare setting if they are suitably trained, are competent and they are supervised.⁴

NHS Employers highlight that recruiting from local populations helps provide the best possible care to patients,⁵ reduces health inequalities and improves the socioeconomic status of our communities.⁶ The NHS is seen as an ‘anchor’ organisation as often it is the largest employer of local people. The diversity of local communities can also provide a potential talent pool of employees who may be underrepresented in current workforces.⁷

Embedding T-levels in workforce planning will help increase recruitment from local populations, address local skills gaps and enable young people to gain experience of the world of work, develop practical and technical skills, and gain insight into potential future career choices. Offering industry placements can also link to other workforce development initiatives, such as apprenticeships.

The government is currently reviewing post-16 qualifications, to ensure qualifications within the new landscape are clear, are of high-quality and are available to all. As part of this work, a number of existing qualifications, including some that overlap with T-levels, will be defunded.

While T-levels are not a ‘quick fix’ for many of the fundamental workforce challenges, they can help to improve social mobility and widening participation, especially from local communities, and will become a major training route and pipeline for the NHS.

⁴ NHS Digital [Workforce Demographics 2019](#) [Age – Changes Over Time]

⁵ “... there is strong evidence that where an NHS workforce is representative of the communities it serves, patient care and the overall patient experience is more personalised and improves.” [NHS People Plan Inclusive Recruitment – Opening the Door to Diverse Communities](#) (2020)

⁶ NHS Employers (2022) [Tackling Health Inequalities Through Inclusive Recruitment](#)

⁷ NHS Employers [Recruiting from Your Local Community](#)

BACKGROUND TO THE DEVELOPMENT OF THE PROJECT

1 NATIONAL LANDSCAPE

Since the Second World War there has been a serious shortage of skilled technicians in the UK. Even though there have been many attempts at reform, this has remained an issue for successive governments.

The development of intermediate skills in the UK in comparison with other Organisation for Economic Co-operation and Development (OECD) countries was cited as poor.⁸

An independent panel was set up in 2015 by Nick Boles, the then Minister of State for Skills, to inform a system that, “provides individuals with clear, high-quality routes to employment, and that supports the government’s overall fiscal and economic objectives”.⁹

In 2015 there were over 13,000 qualifications available to 16 to 18 year olds, many of which were identified as being of low value.¹⁰ This made the provision of career guidance and advice to young people unnecessarily complex and difficult.

The need for wide-ranging change was evident and a new system was needed to provide young people with clear educational routes leading to employment and ongoing academic and professional development. Teachers and career advisers also needed to be able to easily explain options to students, their parents and carers. This approach, of a well understood system of qualifications that work in partnership with the labour market, has been central to the success of education systems outside the UK.

In response to the independent panel’s report, the government published the Post-16 Skills Plan (2016),¹¹ which set out a range of reforms. These included the introduction of 16 to 18 qualifications with content aligned to employer-defined occupational standards and an extended industry placement relevant to the student’s field of study.

An industry placement offers students the opportunity to gain insight into a particular field and to bridge the gap between education, training and the world of work. It can enable a young person to make an informed decision about their future career, while also instilling attitudes and behaviours that support and build key employability skills.

2 LOCAL LANDSCAPE

In 2019, East Sussex Colleges’ Network Placement Programme began working with Health Education England (HEE) South East (working across Kent, Surrey and Sussex). HEE’s objective is to increase the number of young people entering the health and social care workforce and at the same time make a positive impact on reducing the number of

⁸ DfE and BEIS (2016) [Report of the Independent Panel on Technical Education](#)

⁹ HM Treasury (2015) [Fixing the Foundations: Creating a More Prosperous Nation](#)

¹⁰ DfE and BEIS (2016) [Report of the Independent Panel on Technical Education](#)

¹¹ DfE and BEIS (2016) [Post-16 Skills Plan](#)

young people who were not in education, employment or training (NEET), through its Talent for Care strategic framework¹² and its widening participation strategy.¹³

Fourteen students from the second year Health and Social Care BTEC courses or the first year Science A-level course at East Sussex College were recruited to the 10-week programme, which began in October 2019. The placements were hosted by East Sussex Healthcare NHS Trust (ESHT).

The overarching aim of the pilot was to explore employer views and experiences of hosting students on placements in preparation for the introduction of T-levels in Health and Healthcare Science in 2021.¹⁴

The secondary aims of the pilot were to provide students with hands-on experience of a range of roles within their chosen health and social care pathway and to raise student awareness of health and social care roles that are less well-known and where there are workforce shortages.

Several benefits were identified during and after the pilot. These included host organisation staff gaining additional mentoring and supervisory skills, especially senior health care support workers (HCSWs). Following the placements, several students gained apprenticeships within ESHT.

The placement project was reviewed by Skills for Health in September 2020,¹⁵ after which Sussex Health and Care Partnership made the decision to employ a T-level project manager, and to give strategic oversight to Fiona Long, Deputy Director of Nursing (Workforce).

The T-level project manager's role was to build on the positive work and outcomes that had been highlighted in the report. Initially the post was 0.4 full-time equivalent (FTE), seconded from Sussex Community NHS Foundation Trust (SCFT), but in June 2021 the hours were increased to 1.0 FTE. In October 2020, a T-level Working Group was established for relevant stakeholders, these included partners from college groups offering T-levels across Sussex, NHS and social care employers, primary care, Skills for Care, South East Coast Ambulance Service, and later, local higher education institutions (HEIs).

An aim of the working group was to raise awareness of T-levels. The group also provided strategic leadership and offered a collaborative approach to industry placements (initially for the Health T-level). Group governance and accountability were provided by the Sussex Health and Care Partnership People Board and the Sussex Education Forum.

In November and December of 2021, the first Health T-level students attended an NHS and social care induction programme. COVID-19 regulations prevented onsite placements, so the induction was delivered virtually, at the college, one day a week for four weeks. It

¹² HEE (2014) [Talent for Care](#)

¹³ HEE (2014) [Widening Participation It Matters!](#)

¹⁴ Skills for Care (2020) [Evaluation of the East Sussex College Network Placement Project](#)

¹⁵ Skills for Care (2020) [Evaluation of the East Sussex College Network Placement Project](#)

included presentations from a wide range of specialities and roles and was facilitated by members of the T-level Working Group.

Evaluation of the induction programme showed that students found it helpful and informative but felt it would benefit from more interactive activities. An example is using a real time website that gives insights into students' understanding through interactive lessons, videos and activities on a single platform. The T-level Working Group reviewed the evaluation and the Placement Team also gained an oversight of the Employers local inductions and student handbooks to create a standardised version in which all Employers and Providers could use as a guide.

The T-level Working Group continues to meet (previously monthly, now every 2 months) and has been essential to the development of the critical partnerships that enabled the successful completion of the first student placements held across all the local NHS trusts within the group in June and July 2022.

POTENTIAL FOR T-LEVEL PROGRAMMES TO SUPPORT FUTURE NHS AND SOCIAL CARE WORKFORCE PIPELINES

Nuffield Trust research (2021/22) suggests that NHS in England is short of 12,000 hospital doctors and more than 50,000 nurses and midwives.¹⁶ Workforce projections suggest an extra 475,000 jobs will be required in health and an extra 490,000 jobs in social care by the early part of the next decade.¹⁷ According to the House of Commons Health and Social Care Select Committee, the NHS and social care sector are now facing the greatest workforce crisis in their history.¹⁸

This research highlights the skills shortages in key areas of the NHS – nursing, GP services, and community and mental health services. Increasingly, the effect of these shortages is becoming apparent with issues of access and the quality of services. These then ripple out to other sectors – notably social care and the nursing home sector.

Workforce statistics from 2018/19 confirm nursing as the key area of shortage and pressure in the NHS, where the modest growth in nurse numbers has not kept pace with demand. To prevent nursing shortages deepening further, urgent action is needed to increase the number of nurses in training, reduce attrition and improve retention. A training pipeline of staff is essential to replace those who leave, meet growing demand and cover vacancies.¹⁹

As the UK economy works to recover from the COVID-19 pandemic the NHS must ensure that health and care remain an appealing and welcoming sector for local talent. It is vital for the organisation to develop relationships with education providers, influence the skills agenda and ensure its prominence as a good employer in the local community.

This was recognised in 2020 by the NHS Confederation and the Independent Commission on the College of the Future: “By better embedding colleges into core NHS workforce development, and better using their recruitment and training power, we can help to ensure a sustainable, agile and innovative future health and care workforce.”²⁰

T-levels can benefit the NHS by helping them tap into two new talent pools – young people who know they want to work in health and science but have not yet chosen an occupation in which to specialise, and those who might not have considered the NHS as an employer for other roles, such as management, administration, digital and childcare roles.

For students who require some additional preparation before they are ready to start their T-level course, the T-level Transition Programme offers up to one additional year of funding to support their progression onto a T-level. Several T-level providers in Sussex

¹⁶ Nuffield Trust (2022) [Chart of the Week: Staff Vacancies and Shortfalls in the NHS](#)

¹⁷ The Health Foundation (2021) [Summary Note: Workforce Projections](#)

¹⁸ House of Commons Health and Social Care Committee (2022) [Workforce: Recruitment, Training and Retention in Health and Social Care](#)

¹⁹ Nuffield Trust, The Health Foundation and The King's Fund (2019) [Closing the Gap: Key Areas for Action on the Health and Care Workforce](#)

²⁰ NHS Confederation [Creating the Workforce of the Future](#) [Key Points p. 7]

offer the T-level Transition Programme, drawing on a framework for delivery developed by DfE in collaboration with early T-level providers.²¹

T-level students spend 80% of the course in their learning environment, gaining the skills that employers need. The other 20% is a meaningful industry placement, designed by employers and education providers, where learners put these skills into action. T-levels have more classroom-based teaching time than most other technical qualifications. The expected total time for a T-level course is around 1,800 hours over the two years, including the industry placement. This is substantially more than other current technical education courses.²²

Industry placements provide learners with direct experience of employers, they build positive attitudes and behaviours and they develop technical competence, which is underpinned by essential skills. In addition to a broad core of technical knowledge and skills, students can also explore an occupational specialism in more depth.

T-level content has been designed by employers and training providers to support those students who want direct progression into skilled employment, for example, in some trusts this may mean employment as a Band 3 HCSW.

T-levels are also a good foundation for a degree (such as nursing) and other higher education courses in related subject areas. This includes the newly launched Higher Technical Qualifications, which are Level 4 and 5 qualifications based on occupational standards. Some local HEIs in Sussex (the University of Brighton and the University of Chichester) have confirmed they will accept T-level qualifications for entry onto specific and related undergraduate degrees – with a T-level merit or above equalling 122 UCAS points.

Higher technical education options also include progressing to the Nursing Associate Level 5 qualification or an apprenticeship after completion of the T-level programme. This route can lead onto a Registered Nurse Degree Apprenticeship (RNDA) and is an attractive option for staff as they are funded through the apprenticeship levy and the role is salary supported.

²¹ DfE (December 2021) [T Level Transition Programme: Supporting Young People to Progress onto and Succeed on a T Level](#)

²² DfE (June 2022) [Introduction of T Levels](#)

WHY HAS SUSSEX EMBRACED T-LEVELS?

The Sussex Health and Care Partnership became Sussex Health and Care (SHC) on 1 July 2022, bringing together all of the organisations involved in the planning and provision of health and care services across the region. It includes the NHS Sussex Integrated Care Board (ICB), formerly the three local clinical commissioning groups (CCGs), acute hospital trusts, mental health trusts, community service providers and local authorities.

One of SHCs key priorities is the promotion of careers within health and social care to ensure a future supply of staff, and SHC have worked with HEE to deliver a priority workforce transformation project. Staff are feeling the strain due, in part, to the number of vacancies across many roles. The current number of vacancies is unsustainable, and the biggest shortfall is in nursing.²³ & ²⁴ To address this a 10-year demand and supply plan for nursing was developed.

The DHSC acknowledges that the last 2 years “have been some of the most challenging in the history of the NHS, and many staff have been placed under sustained and severe pressure which will have an impact on their attachment to nursing. While a wide range of measures to support staff were put in place during the pandemic, some staff will reassess their longer-term careers in light of the challenges they have faced or reassess their lifestyle and decide that a career in the NHS is no longer for them.”²⁵

Nationally, record numbers of nurses are leaving the profession – more than 40,000 in the year to June 2022, which, according to the Nuffield Trust, is the equivalent to one in every nine nurses. The Nuffield Trust also states that unless something is done to stop this rise in nurses leaving, the government could struggle to hit its target to recruit 50,000 more FTE nurses in England by March 2024.²⁶ Not even half that target has so far been achieved.

Alongside recruitment, retention is also a significant issue. Retention was acknowledged as the most complex and uncertain aspect of workforce transformation by the 50,000 Nurses Programme.²⁷ There are multiple reasons that nurses may want to leave, and in large part it is down to “the individual decisions of around 350,000 individual nurses.”²⁸ However, there are other key factors affecting retention. The pandemic has placed sustained and severe pressure on staff which has led some staff to reassess their careers. Another factor is the McCloud remedy, “which allows some staff to retire on more favourable terms than was previously anticipated”.²⁹ It is thought that both the McCloud remedy and the legacy of the pandemic may increase leaver rates – possibly risking the deliverability of interventions such as the 50,000 Nurses Programme. Within this context,

²³ NHS England (2019) [The NHS Long Term Plan](#) [4.2 p. 78]

²⁴ Nuffield Trust (2022) [Peak Leaving? A Spotlight on Nurse Leaver Rates in the UK](#)

²⁵ DHSC (March 2022) [50000 Nurses Programme: Delivery Update](#)

²⁶ Nuffield Trust as above

²⁷ DHSC (March 2022) [50,000 Nurses Programme: Delivery Update](#)

²⁸ DHSC as above

²⁹ DHSC as above

the T-level in Health programme is a potential means to reduce related risks to supply, by developing another route into the nursing profession.

For the last three years, SHC has worked on the T-level project with partners and stakeholders in the T-level Working Group, which has been holding online meetings each month. The main aims of the group were to develop a shared vision and approach to T-level programmes and placement plans within Sussex, and to work collaboratively to support the development of the project plan.

SHC recognises that a key starting point for boosting workforce supply is promoting careers in health and social care in schools and colleges. There is also a need for students from younger age ranges to have clear, concise, interactive and fun career sessions and events throughout their formative years, so they develop ambitious plans for their career pathways.

Encouraging parents and carers to learn about T-levels and potential progression routes is integral to their success. These activities raise awareness of T-level placements with the NHS and also of the available progression routes of a higher apprenticeship, attaining a substantive post or applying for an undergraduate degree course after completion of the T-level.

It is important to have a robust plan in place for career promotion and navigation with coordinated attendance at events with the right people, right equipment and up-to-date careers information. This is best coordinated collaboratively by NHS staff, career navigators and social care staff attending local school career events, STEM events, job fairs, and other funded shows³⁰ held at local primary and secondary schools.

NHS and social care staff can participate in DfE and third-party T-level events held across Sussex and nationally. At these events participants share good practice and lessons learned in T-level awareness raising activity with the general public – especially young people and their parents.

The T-level Working Group was vital in raising awareness among local employers about what T-levels are and how they can create a significant new pipeline of young people entering the NHS in the medium and long term. As most T-level students are under 18 when starting their industry placements, the T-level Working Group was also helpful in dispelling myths and commonly held concerns about hosting young people in the work environment.

The group brought together colleges across Sussex who shared their T-level plans, high points and challenges. This helped the whole group understand T-level implementation from different perspectives and with different timelines. Working group members from local HEIs saw the potential of T-levels as a new pipeline onto their undergraduate programmes and have agreed a T-level merit grade in Health would be acceptable entry onto relevant nursing programmes.

³⁰ The ENACT Solutions show is an engaging, drama-based presentation to inspire young people to consider a career in health and social care. [Enact Solutions Pathways to Care](#)

The SHC Workforce Education team are also looking at the development of apprenticeship routes into nursing for successful T-level students. The available pathway will be from T-level to RNDA or Nursing Associate Apprenticeship thus utilising the apprenticeship levy effectively.

As of October 2022, there are currently 48 first and second year students studying the T-level in Health across Sussex. They are currently undergoing their placements, both in blocks and day release schedules within different environments at their placement locations.

Alongside the Health T-level, the team are also working with Healthcare Science and Science T-level placements. Students will be potentially starting placements in pathology laboratories in West Sussex as part of the T-level Science programme which started in September 2022.

SHC APPROACH TO THE IMPLEMENTATION OF THE FIRST T-LEVEL IN HEALTH

SHC have taken a collaborative approach to the introduction of T-levels, working in partnership with all those involved in the T-level Health course, and bringing employers, education providers and other stakeholders together in the T-level Working Group.

During T-level Working Group meetings there have been discussions about the number of students that employers can take on placement. The agreed numbers align with the capacity of the integrated care system (ICS) Placement team and fit with course flows, gaps, and the management of the system. As the processes become 'business as usual', the Placement team will know the best times for T-level Health students to be placed with employers. However, this depends on good communication with education providers and the appropriate information being given to the Placement team at the beginning of each academic year.

The industry placement coordinator (IPC) is employed by the local colleges, to support students and their mentors while the student is on placement. The IPC also completes the employer sign-up document with the training providers and all relevant risk assessments. They check the employer's indemnity insurance, complete Disclosure and Barring Service (DBS) processes and organise uniforms.

Within the Sussex T-level implementation project, the students had either a block placement of two to three weeks or one day per week, depending on employer preference, availability, and course flows from other non-medical placements. Going forward, these will be arranged through the ICS Placement team.

It is vital that industry placements align with working time regulations especially if students are undertaking a block placement where they could be working the equivalent of full-time hours. Employers are responsible for students' welfare when on placement and must ensure they are not exceeding the maximum number of allowed hours if they are under 18 years of age. As such, the planning of placements must also consider students existing part-time working hours if applicable.

A hub and spoke approach was taken to placements, this is where the T-level student is allocated their placement (hub) but, in addition, they are formally supported by their mentor to work in other settings and with different clinicians (spokes). This gives students a broad placement experience with exposure to different potential career roles.

Each employer offered an in-house induction or Preparation for Practice sessions for the students. These inductions were mostly information sessions about boundaries, rules and procedures to follow, such as information about uniform policies and expected behaviour. At the inductions, employers also reinforce to students the importance of contacting their mentor, ward, college or IPC if they will not be attending their placement (for example, if they are not well or have travel issues) to ensure that the employer knows the student will not be attending their placement on that day.

During and following the students' placements, the IPC liaises with the ward manager and the HCSW mentor working with the student, to complete a mid-point review/evaluation and

an end point review/evaluation of the student's placement. This helps T-level students learn and get the most from their placements and also assures the employer that the student is on the right path and are finding their placements useful and informative.

It is essential to prepare and support senior HCSWs and staff mentors who will be working with and supporting a T-level student. SHC have taken the approach of offering the Gatsby mentorship programme to employers (which takes around 15 hours to complete), which supports the mentors' development and ensures they have the skills to deal with a student on placement. Making sure that the employers know about the mentorship course is an important part of embedding the T-level in Health in workplaces. Employers who have taken the course said it has been a huge help and support for those working alongside the students.

SHC T-LEVEL SUSTAINABILITY PLANS

SHC Clinical Placements project team members were recruited in 2021, funded by HEE. The vision for this team is to develop a sustainable joined-up placement infrastructure for all non-medical placements across Sussex. This will span T-levels, apprenticeships and pre-registration training and aims to create clear pathways across Sussex and ensure strong pipelines for the growth of the workforce.

It is fundamentally important that the T-level project is sustained and developed by the newly formed SHC and its Clinical Placements project team, so that the long-term benefits to workforce supply can be realised. Maintaining communications with the T-level Working Group and with external partners will support the embedding of the T-level placement requests as part of the new non-medical placement management system. This will help to embed T-level placements so they become 'business as usual' within the SHC Clinical team placement workstream.

The T-level Project Manager's secondment ended in August, and the T-level Senior Administrator fixed-term contract finished in December. To keep T-levels sustainable and become business as usual the workstream will be led by the new widening participation lead with placement coordination managed by the system clinical placement team to ensure oversight and capacity as the numbers of students grow.

The project aim was to build a sustainable architecture for placements that benefits students and employers and meets long-term strategic workforce priorities. It is expected that the systems-based approach will act as a key enabler for placement capacity expansion and workforce planning and that T-level placement requests will be a part of this as numbers increase once all T-level subjects are underway.

An element of this work will be maximising placement capacity across partner organisations, the local healthcare system and the private, voluntary and independent (PVI) sector to enable SHC to meet ongoing workforce demands. To this end, the Clinical Placements project team will contribute to the Southeast Regional Placement Steering Group.

There is a demand from HEE to foster a culture of workforce development that is aligned to the wider NHS priorities of our local population health needs. There is a recognised benefit in adopting a more regional approach that captures all placement types (T-level, apprenticeship, degree apprenticeship, work experience for the unemployed and others) for both health and social care settings.

It is vital that providers are clear what is expected of them:

- Duration of placement – weeks, hours per week
- What tasks are expected of students and employees.

- What support the employer needs to put in place and what insurances are required.

LESSONS LEARNED AND RECOMMENDATIONS

- Have an efficient and effective T-level working group with a clearly defined role from the start of the project. The group should include education providers, NHS trusts and social care employers. Involving their placement teams makes sure that project actions are completed. The responsibilities and deliverables given to each person in the working group need to be completely clear. It is important to engage with representatives from key organisations who can influence ICS-wide decisions and communicate the T-level activity to their teams and colleagues. This requires clear routes of accountability throughout the system.
- The T-level Working Group identified the following short- and long-term benefits of NHS and social care employers supporting T-levels:
 - Employers within the ICS can attract motivated young people, who bring innovative ideas, improve ongoing pipeline issues and help resolve entry-level skills shortages.
 - It helps to address local skills gaps by supporting young people to develop practical skills by working in a busy NHS/social care/GP environment and gain vital employability skills.
 - It helps build a more diverse and creative workforce. T-level students will bring fresh eyes, up-to-date learning and increased creativity.
 - It builds strong partnerships with local training and education providers.
 - Supporting young people creates a positive reputation for the NHS in local communities.
 - It provides opportunities for skills development and increased job satisfaction for the staff working with T-level students – giving them the opportunity to be buddies, mentors and supervisors.
- One of the biggest challenges for the project has been the COVID-19 pandemic. This impacted the first cohort of students in Sussex who were unable to go on placements until July 2022. It was important for the students to learn about the health and social care arenas and start linking the theory they were learning in college to the practice environment in the 'real world', and this is where the virtual 35-hour induction came into play. The college providers and employers want to continue the induction programme for future cohorts. This will include some online learning, together with local inductions or Preparation for Practice sessions.

- Generating buy-in at a senior level within the employer organisations is an important recommendation. This includes gaining approval and support for ongoing student placements and providing senior managers with confidence in the governance involved in supporting young people aged 16 to 18 years of age in their organisations.
- The involvement of employers in local school and college career events is important. It helps build relationships with schools and colleges and gives employers an opportunity to showcase what they can offer and what career pathways are available to young people. SHC have developed a career calendar which details career events across Sussex organised by schools, colleges, local councils etc. Staff within the ICS Workforce Education team attend these events alongside the new career ambassadors. SHC have also sourced funding for 12 career equipment kits that include pop-up posters, giveaway items, clinical skills equipment and anatomy mannequins that can be used at the career events across Sussex.
- As employers are responsible for student welfare, it is important to be aware that by law, workers aged 16 to 17 must not work more than 8 hours per day and 40 hours per week.³¹ Under 18s must have a minimum of a 30-minute break if their working day is longer than 4.5 hours and must have a 12-hour rest in any 24-hour period.
- There are several myths about young people working in the NHS that may need to be dispelled when planning placements within clinical practice environments. These include the well-known myths that under 18-year-old students cannot carry out personal care, they require a separate risk assessment and that working between 10pm and 6am is off limits.³² Many employers cite historical rules in their organisation as a reason for not being able to accept under 18s, but closer investigation will reveal that most of the rules are based on an assumed lack of maturity rather than evidence.
- It is vital that students have the correct safeguarding in place to protect themselves and patients while on placement. Training providers hold overall responsibility for safeguarding of the student on an industry placement. The employer will need to check their policies and procedures to make sure the workplace is a safe environment for the student and the college may carry out a site visit before the placement starts.
- In relation to governance of the implementation of T-level placements, among other things, employers need to have up-to-date employer indemnity insurance in place for the training providers to review.³³ All the students will have Enhanced DBS assessments, which are funded by the training providers. Within the Sussex

³¹ Citizens Advice (2022) [Check Your Rights at Work if You're Under 18](#)

³² NHS Employers (2015) [Facts on Employing Young People](#)

³³ GOV.UK (June 2022) [Legal Compliance for Industry Placements](#)

partnership, colleges have also provided uniforms, relevant personal protective equipment and any specialists tools or equipment needed for the placement.³⁴

- Employer and student feedback highlighted how useful it was for employers to meet the new cohort of students when they first started at the college. It was felt this was a good time to give an overview of the NHS trust and their values, beliefs and the expectations of the students in relation to behaviour and timekeeping etc. Some employers interviewed the students to see which placement would be best for them or asked the students to complete a supporting statement explaining why they wanted a particular placement.
- Staff who will be involved in supporting T-level students must be given enough time and the correct resources to understand what industry placements involve in practice and what the T-level implementation plans are. Therefore, it is important that the ICB, the NHS trust's boards, and social care and primary care leaders are fully aware of T-levels and their potential impact on workforce pipelines, so that appropriate resources and senior management support is available from the early stages of implementation.
- To upskill and prepare SHC HCSWs to mentor and support T-level students, it is recommended that they complete the Gatsby mentorship programme, which is specifically designed for staff who are supporting T-level students in practice.³⁵
- T-level students can be offered the same induction as 'new to care' staff and can potentially complete all relevant statutory and mandatory training, including Basic Life Support and Manual Handling, before starting their placement.
- If the students have part-time work that is related to their occupational specialism, and if their employer agrees, these working hours can be counted towards their industry placement hours. As with all industry placements, students and employers will need to sign an industry placement agreement with appropriate learning goals to measure the student's progress.³⁶
- There was initial uncertainty between the providers and the employers about who was responsible for the occupational health assessment. A local agreement was reached for the education providers to arrange occupational health checks with a private supplier in the future.
- Have a Preparation for Practice day for T-level students before their first placement. Holding it early in the programme helps build relationships between the student and the employer. The day can be an opportunity for the students to meet the allocation team, visit their clinical placement and meet their ward manager and mentor. It is also a chance to check that relevant occupational health checks, records of vaccinations and essential and mandatory training are complete before the start of

³⁴ ESFA (June 2022) [T-level Industry Placements: Delivery Guidance](#)

³⁵ Gatsby Foundation. [E-learning Support for Industry Placement Mentors](#)

³⁶ For more information see the Part-time work section of ESFA (June 2022) [T Level Industry Placements: Delivery Guidance](#)

the placement. As it is a practice day, students travel to the site on public transport and must be on time. They also change into their uniforms so the Placement team can make sure that they meet the trust uniform policy guidelines. This is also a good time for a Q&A and a chat about any fears or concerns the student may have about starting a clinical placement.

- The T-level project manager and other members of the T-level Working Group have become members of the national T-level Ambassador Network which meets on a quarterly basis. The network provides an overview of T-levels and signposts members to T-level events and new documents. It gives insight into the T-level agenda at a national level as well as updates of T-level journeys and stories from employers and training providers

T-LEVEL JOURNEY: CASE STUDIES

Colleges and HEIs

Simulation suite official opening at Crawley College

SHC had significant planning input to the college's simulation suites for their T-level Health students. It is important that these suites are as close to real life as possible, so that the students can be well-prepared for their placements and real-life situations in the workplace. Staff from SHC that are currently involved with the T-levels project were invited to Crawley College for the official opening, alongside the students and the press to mark the occasion.

"I think the health suite is absolutely fantastic, it's a great environment for us to learn in ... It makes you much more aware of the limits that some people have, and it helps me to understand how I can approach those challenges as a healthcare practitioner."

Sam
T-level student at Crawley College

Starting T-levels at Chichester College Group and the importance of partnership work through the development of T-levels in Sussex

"The Chichester College Group expressed an interest in the development of T-levels and the Transition Programme and were one of the first 50 providers to gain approval to deliver T-levels from September 2020.

Jill Durrant is the project manager who led this partnership with key stakeholders from hospitals, trusts, and providers. The focus was to develop a delivery model for industry placements to run alongside timetabled curriculum delivery. Further to delivering the first-year core content and formative assessments, students have been matched and have finished a three-week block placement.

Learning points would be the need for students to have occupational health assessments in place before an external industry placement can take place. We are building this prerequisite into our marketing material and during interviews with prospective students to ensure the correct information, advice and guidance is being shared to help learners with making an informed decision on their next steps after school or progressing from the Transition Programme.

The Chichester College Group recommends future T-level providers follow a similar development journey to support the implementation of new technical qualifications. Employers are at the heart of T-levels and building and maintaining effective working relationships is paramount to successful delivery."

James Watters
T-level Development Manager at Chichester College Group

Greater Brighton Metropolitan College (GBMET) T-level journey

“The college started its T-level development back in June 2021. As a Wave 4 provider we are not scheduled to begin offering T-levels until September 2023, so this was a great opportunity to reach out to local employers and collaborate on this exciting journey!”

Ciara Williams (T-level Development Lead at GBMET) reached out to Jill Durrant (Project Manager, SHC NHS). Ciara found that being part of the meetings Jill held every month with providers and employers was incredibly useful, providing Ciara with many insights. The meetings were a great platform for exploring the challenges and successes of the industry placements as they were being introduced.

At the meetings, a service level agreement was developed by the college leads and Jill’s team. This is now a working document that helps both manage expectations and guide the management of the industry placement process. The support found at the meetings led to the development of relationships with other providers, “it was great to be able to share collective experiences and best practices as T-levels are rolled out.”

“As a college we have a wide reach of five different campuses across West and East Sussex, within these we have decided to create a centre of excellence at our Pelham campus for Health and Social Care. We are putting in a simulation suite to support the learning and development of our students, across the range of qualifications, including the soon to be delivered Health T-level. The simulation area will include wards, community areas, GP surgery and support areas. The aim is to use this space extensively, both for our own internal stakeholders, but also for external stakeholders. By collaborating with the NHS, we will be offering the training facility for use by their staff and to wider audiences to promote learning and development for all.”

Ciara Williams
T-level Development Manager, GBMET

“The University of Chichester will accept a merit in the T-level in Health as a standalone Level 3 qualification for entry to the BSc (Hons) Adult Nursing course. The T-level is a high-calibre and applied Level 3 qualification that has been designed specifically for the health sector. Students will have been exposed to the practice of nursing prior to entry, which gives them the foundation on which to develop their professional knowledge throughout the course. There is a robust assessment strategy within the T-level which will enable students to succeed as they transition to the University setting.”

Dr Nita Muir
Head of School of Nursing and Allied Health at the University of Chichester

“We have been very lucky to be part of the work being done in Sussex around T Levels. Having the University of Brighton School of Sport and Health Sciences involved in the early days has really helped develop our understanding around T Levels and how best to support local students with the admissions processes to our different programmes of study from nursing to allied health professionals. We are now accepting T-levels to all our programmes in the school, which includes, BSc (Hons) Adult Nursing, Child Nursing, Mental Health Nursing, Physiotherapy, Paramedic Science, Radiography, Podiatry, Occupational Therapy and, of course, our foundation degrees and nursing associate programmes. As part of our work with Jill Durrant and her team we have been able to share good practice relating to mandatory training and practice placements with our local further education organisations within Sussex. Currently within our admissions processes, we are exploring engaging with our local T-level providers to give access to the University for T-level students to explore their options on completion of their T-level. This will involve the buddying up of the T-level students with year 1 students in the courses that they are interested in and linking with apprenticeship opportunities within our local health and social care organisations. The future is exciting and bright.”

S-J Ryan

Apprenticeships, Technical Education and Flexible Learning Lead for University of Brighton, School of Sport and Health Sciences

Employers

“Alliance for Better Care (ABC) is a not-for-profit GP federation dedicated to the sustainability and success of general practice in East Surrey, Crawley, Horsham and Mid-Sussex. It supports Primary Care Networks (PCNs) and individual practices by providing management expertise, at-scale clinical services and back-office functions.

A key area of focus for the federation and its practices is attracting and retaining a high-quality workforce for primary care. This means it is important not only to entice qualified staff into the sector, but to encourage those at the very start of their training to consider a primary care career. The T-level programme, with its emphasis on industry placements, therefore, presents an opportunity to demonstrate the opportunities available to potential employees of the future. From October 2022, ABC will offer placements to second year T-level Health students at Crawley College. This will follow ABC’s recent involvement with the Kickstart programme, a DWP [Department for Work and Pensions] initiative to provide placements for young people on Universal Credit.

ABC’s Workforce and PCN Development teams will work closely with local GP practices and Crawley College to provide the most appropriate career development experience for its T-level students. Previous placement schemes have shown the importance of keeping the work as dynamic, interactive, and varied as possible; the value of building identity and recognition for the group within the organisation; and the importance of a consistent HR approach.”

Jill Hawthorne and Emma Woodcock
Alliance for Better Care Ltd

“As a trust, we work closely with our local community and are excited to welcome T-level students into placements throughout our hospitals. We want to ensure that young people from all backgrounds and academic capabilities who want to work in healthcare have the opportunity to do so, and T-levels provide us with an opportunity to do that.

At UHSussex, we not only provide a high-quality learning environment in line with the Health Education England Quality Framework, demonstrated by years of experience supporting healthcare learners in practice, but we can also offer life-long careers with ample opportunities for growth and progression across our four main hospital sites.

To implement T-levels, we have worked collaboratively with partner organisations across Sussex, sharing decision-making and governance processes. We look forward to welcoming successful T-level students as part of our future healthcare assistant workforce and to seeing these students develop into our future doctors, nurses and allied health professionals.”

Cheryl Giles
Deputy Head of Nursing for Practice Development, University Hospitals Sussex
NHS Foundation Trust (UHSussex)

ESHT has been one of the lead trusts – supporting the programme and hosting industry placements for T-level students. The trust has been involved in the planning and implementation of placements, and has visited students at their colleges, making sure they are comfortable with their placements and ready for their experience in the healthcare sector.

The trust created, and recommends, holding a Preparation for Practice day, to ensure the students understand the behaviours expected while they are on their placements. This includes providing information on timings, travelling, uniforms and values. ESHT have deemed this step of the process essential.

ESHT also recommends that plans to meet the students early in the programme helps to build relationships and enables close working with the T-level college leads and tutors. They also recommend and feel it is important to ensure that all relevant occupational health checks and records of vaccinations are readily available and that students know they will be asked for this information prior to their placements. A clear NHS induction programme linking to the T-level programme is also important as well as the statutory and mandatory training being completed via elearning for healthcare (ELFH) prior to placements starting.

ESHT have undertaken active involvement in the T-levels programme, and feels it fits into the overall workforce strategy by providing a valuable pipeline from the local community with a qualification that fits the entry requirements for most undergraduate professional programmes.

T-levels are an excellent programme for students that facilitate practical skills and knowledge. They also enable a partnership between local colleges and Trusts. They are an opportunity to engage with young people who are looking for a career in healthcare and the wider workforce. The industry placements offer a route to grow our own workforce as well as being an opportunity to highlight Trust services and develop their professional values.

Barbara Gosden
Apprenticeships and Widening Participation lead at ESHT

Achievements

“In 2016 the DfE published a policy paper on its post-16 skills plan and an independent report on technical education. The government had a plan to support young people and adults to secure skilled employment and meet the needs of the local economy. An independent panel was set up to advise ministers on improving the quality of technical education. This led to a technical education reform and a T-level action plan. Chichester College Group expressed an interest in the development of T-levels and the Transition Programme and were one of the first 50 providers to gain approval to deliver from September 2020.”

“A success from the first year of delivery has been the co-design and implementation of our simulation suite at Crawley College. Through partnership working we have developed an area on the college campus which replicates the industry standard equipment you would expect to see on a hospital ward. This is a unique selling point for Crawley College in terms of attracting and recruiting prospective students, but it has also enabled registered T-level students to develop their practical knowledge, skills and behaviour alongside their technical studies which has led to students feeling confident in preparation for their industry placement.”

James Watters

T-level Development Manager at Chichester College Group

“QVH [Queen Victoria Hospital] supports its first T-level student.
Thank you to Jo Davis, Trust Clinical Practice Development Lead, for this update.

Frankie is our first T-level student studying Health at Crawley College. Frankie is on placement with us throughout the summer to gain experience working in a health care environment. Claire Weller, OPD [Operating Department Practitioner] assistant practitioner, is Frankie’s mentor and is arranging exciting learning opportunities for her during her placement at QVH.
Welcome to QVH Frankie!”

Article in QVH newsletter

Working with the Sussex Allied Health Professionals (AHPs) faculty to develop a career ambassador programme

“The AHP faculty established a Career Promotion Working Group in early January 2021. The group looked at priorities for Sussex and the national AHP direction for career promotion work. The establishment of system-wide career ambassadors was considered as one option to support career promotion activity across Sussex, and to help raise the profile of the 15 different AHPs (alongside general health and social care career promotion).

This process included development of comprehensive resources, agreeing a standard process across Sussex, and working with multiple organisations.

We currently have 36 AHP career ambassadors across Sussex that can now attend and support career promotion events and activities.

The profile of the career ambassador and career promotion has been raised across Sussex. Increased numbers of events are being attended, which translates to more children and young people discovering our careers and possibly applying for apprenticeships, T-levels, degree courses or support worker roles.

Ongoing, we have ‘ambassador buddies’, so people can link up to attend events or for peer support. There is good signposting to resources and soon there will be physical packs (including banners, tablecloths etc), that will make attending an event much easier and less time consuming for the ambassadors.

Due to the impact of COVID-19 and winter pressures, it was hard to progress with the project as quickly as hoped.

An ongoing risk will be the capacity of ambassadors to attend events when they are so busy in their usual roles.

From a system point of view there is good engagement, but there is a lack of dedicated funding into longer-term roles that would support this project.”

Jo Findlay
Sussex AHP Faculty Lead

USEFUL RESOURCES

For up-to-date information on the structure and implementation of T-levels from the DfE

[Introduction of T Levels](#)

DfE [Education and Employment Destination Data](#)

DfE [T Level Industry Placements: Delivery Guidance](#)

DHSC [50,000 Nurses Programme: Delivery Update](#)

HM Government [T Level Industry Placements: Employer Guide](#)

The King's Fund [The Health Care Workforce in England: Make or Break](#)

NHS Employers (Infographic) [Employing Young People – the Facts](#)

NHS Employers [Recruit and Retain Young People Toolkit](#)

Nuffield Trust, The Health Foundation and The King's Fund [Closing the Gap: Key Areas for Action on the Health and Care Workforce](#)

Skills for Health [T-Levels in Health and Healthcare Science Report](#)

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SOCIAL MEDIA



<https://www.linkedin.com/company/t-levels-sussex>



https://twitter.com/t_sussex

The T-level social media pages are currently updated weekly.

APPENDIX 1: THE SUSSEX ICS DEMOGRAPHIC

The SHC footprint is home to 1.7 million people and the partnership provides health and social care for these people at a cost of £4 billion per year.

Area	Number of people	Percentage
West Sussex	867,635	52%
Brighton and Hove	253,500	14%
East Sussex	558,852	34%
Total	1,679,987	100%

The age profile of East Sussex is older than that of England. Brighton and Hove have a significantly younger age profile. West Sussex contains a mixture of age profiles, but there is a distinctively younger age profile in Crawley than in the rest of the county.

There are pockets of deprivation across Sussex. The most deprived areas are in Hastings, Crawley, Littlehampton, Whitehawk, Moulsecoomb, Woodingdean, Hollingbury and Southwick.

Brighton and Hove have the second highest number of homeless people outside of London, although homelessness is prevalent across the area.

There is limited data on the number of LGBTQ+ individuals within Sussex and East Surrey. The government estimates 5 to 7% of the population across England are LGBTQ+. There is a significantly higher LGBTQ+ population in Brighton and Hove, than in the rest of Sussex.

There is a higher proportion of white British/Northern Irish residents in East Sussex, compared to the rest of England. West Sussex similarly has a high number of white British/Northern Irish residents, but there are areas of different ethnicities in Crawley, Littlehampton, and Bognor. 13% of Crawley residents do not speak English as their first language. Brighton and Hove have low numbers of people from ethnic minority backgrounds.

Except for the High Weald Lewes Havens area, East Sussex has a higher than average number of people with disabilities or long-term health conditions than the rest of England. In contrast, West Sussex, East Surrey and Brighton and Hove have a lower percentage of people with disabilities or long-term health conditions.

It is estimated that there are over 100,000 unpaid carers across Sussex (this data includes East Surrey).

Coastal towns have lower education and skills attainment levels, a lower working age population and a high proportion of jobs in the hospitality and tourism sector.

Most of the populations across Sussex describe themselves as Christian, with Muslim, Hindu, Buddhist and Sikh listed as other popular religions across the area.

Communities in Sussex and East Surrey whose voices/experiences are underrepresented in our data are homeless people; people with a long-term health condition or a disability; carers; people from religious communities including Muslims, Hindus, Sikhs, Buddhists, Jews and Christians; people whose first language is not English including Polish, Portuguese, Urdu, Filipino, Pashto and Japanese speaking populations; and the LGBTQ+ community.

SHC partnerships

Seven provider trusts

- University Hospitals Sussex NHS Foundation Trust
- East Sussex Healthcare NHS Trust (ESHT)
- Surrey and Sussex Healthcare NHS Trust
- Sussex Partnership NHS Foundation Trust
- Sussex Community NHS Foundation Trust (SCFT)
- South East Coast Ambulance NHS Foundation Trust
- Queen Victoria Hospital (QVH) NHS Foundation Trust

Three local authorities and aligned CCGs (the functions of these CCGs transferred to the ICB on 1 July 2022)

- West Sussex
- Brighton and Hove
- East Sussex

Primary care

- There is a total of 39 primary care networks (PCNs) serving the population of Sussex

As from 1 July 2022 the ICS became Sussex Health and Care (SHC)

Provider trusts	FTE (full-time equivalent) (Numbers rounded to nearest 10)
University Hospitals Sussex NHS Foundation Trust	14,500
East Sussex Healthcare NHS Trust (ESHT)	6,880
Surrey and Sussex Healthcare NHS Trust	5,000
Sussex Partnership NHS Foundation Trust	4,700
Sussex Community NHS Foundation Trust (SCFT)	4,500
South East Coast Ambulance Service NHS Foundation Trust	3,500
Queen Victoria Hospital NHS Foundation Trust	920
Total	40,000

APPENDIX 2: INDUCTION AND QUESTIONNAIRE EVALUATIONS

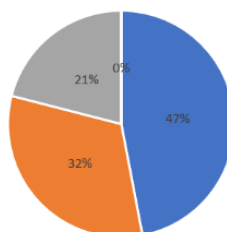
A pre-placement questionnaire and a post-placement questionnaire were developed for students. The anonymous questionnaires recorded student's experiences and how they viewed their placements. From the students' responses, an evaluation was developed to help improve placements going forward.

The goal for the pre-placement questionnaire was to gain insight into how the students felt about their course and their upcoming placements. The responses and evaluation enable us to address issues and improve the experience for the next cohort.

The information below shows the student responses to the questionnaire asked as part of the induction programme. The answers were varied and detailed, which helps with the development of the induction programme for the next cohort of students. The programme was created to give students a taste of working for the NHS, because trusts were not allowed to host placements during the COVID-19 pandemic. Providers and the ICS were happy to rerun this programme as an introduction to the NHS, where the colleges can be introduced to the trust, and to NHS staff and their job roles.

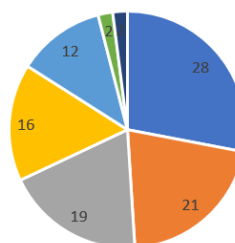
- **1: Please grade your knowledge/understanding of the course content before you started the course**

- 47% said a little bit
- 32% said a good level
- 21% said a considerable amount
- 0% said none



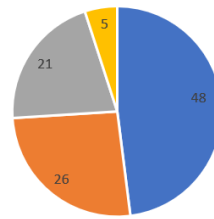
- **2: Words that best describe the workshop**

- 28% said informative
- 21% said helpful
- 19% said relevant
- 16% said boring
- 12% said interesting
- 2% said instructive
- 2% said relaxed



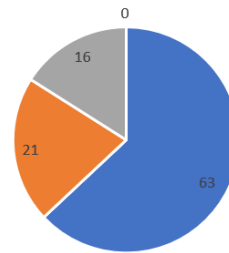
- **3: Do you think the course has helped to prepare you for entering clinical practice next year?**

- 48% said a little
- 26% said a good amount
- 21% said considerably
- 5% said no



- **4: Has this course increased your knowledge/understanding/insight into working in the NHS or social care?**

- 63% said a good amount
- 21% said a little
- 16% said considerably
- 0% said no



- **5: Which were the most useful topics of the course?**

- 9 students said paramedic presentation
- 6 students said Kahoot activity with nurse
- 4 students said healthcare assistants discussions
- 2 students said Nearpod activity
- 1 student said apprenticeship information

- **6: How did you rate the following?**

- The trainer/facilitator's skills
- The variety of teaching methods
- Relevance of course content to you
- Achievement of learning outcomes
- Overall usefulness of the course

